

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND  
CAMPAIGN DISCLOSURE

2010 JAN 19 PM 1:52

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

### CANDIDATE COMMITTEES ONLY:

Candidate Name

Kurt Swain

Political Party (if applicable)

Democrat

Office Sought

State House District 94

District (if Senate or House)

94

FORM  
DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT

### For Office Use Only

Comm. # 1357

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Kurt Swain

SIGNATURE OF PERSON FILING REPORT

641-664-1983

TELEPHONE

1/19/2010

DATE SIGNED

I AM FILING A January 19, 2010

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

### STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 13,512.80

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

4,068.05

Schedule F: Loans Received total (Attach Schedule F)

-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 17,580.85

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

19,689.05

Schedule F: Loan Repayments total (Attach Schedule F)

1,000.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 3,108.20

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 37.21

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 457.88

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ -

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

### CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

\* This figure does not reflect sums owing to campaign as a result of inappropriate actions of former treasurer.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/10/09	ID# CK#	Daily Iowegian 105 North Main St. (reimbursement) Centerville, IA 52544		\$ 8.05	<input type="checkbox"/>
6/15/09	ID# CK#	Bob Morrissey 10768 Bladensburg Rd Ottumwa, IA 52501		100	<input checked="" type="checkbox"/>
6/15/09	ID# CK#	Charles Lawson 1601 N. Court St. Ottumwa, IA 52501		100	<input checked="" type="checkbox"/>
6/15/09	ID# CK#	Jim Lindemeyer 819 E. Alta Vista Ave Ottumwa, IA 52501		100	<input checked="" type="checkbox"/>
6/15/09	ID# CK#	Marlene Sprouse 12 Bear Creek Estates Dr. Ottumwa, IA 52501		50	<input checked="" type="checkbox"/>
6/15/09	ID# CK#	Tom Rubel 2192 Port Talbot Place Coralville, IA 52241		50 <del>100</del>	<input checked="" type="checkbox"/>
6/15/09	ID# CK#	M. Ann Alvine Allison 436 E. Manning Ave Ottumwa, IA 52501		100	<input checked="" type="checkbox"/>
8/11/09	ID# CK#	Richard Allbee PO Box 436 Hampton, IA 50441		250	<input checked="" type="checkbox"/>
8/11/09	ID# CK#	Lois Lynch 12686 Hwy 63 Bloomfield, IA 52537		50	<input checked="" type="checkbox"/>
8/11/09	ID# 6067 CK#	Iowa Health PAC 1775 90th St. West Des Moines, IA 50266		200	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1,008.05

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

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8/21/09	ID# 6070 CK#	Iowa LawPAC 625 E. Court Ave Des Moines, IA 50309		\$ 200	<input checked="" type="checkbox"/>
8/21/09	ID# 6073 CK#	Iowa Medical Political Action Comm 1001 Grand Ave West Des Moines, IA 50265		250	<input checked="" type="checkbox"/>
8/21/09	ID# 6058 CK#	Iowa Chiropractic Society PAC 100 E. Grand Ave Suite 240 Des Moines, IA 50309		100	<input checked="" type="checkbox"/>
9/15/09	ID# 6098 CK#	Iowa Beverage PAC 321 E. Walnut - Suite 310 Des Moines, IA 50309		500	<input checked="" type="checkbox"/>
11/16/09	ID# CK#	Valarie McKinley 404 S. Henry St. Moravia, IA 52571		150	<input checked="" type="checkbox"/>
11/16/09	ID# CK#	Stephen Tews 904 Chestnut St. Bloomfield, IA 52537		35	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Merry Duvley 2033 Golfview Circle Centerville, IA 52544		20	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Rick Lynch 17488 Hwy 63 Bloomfield, IA 52537		50	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Linda Rouse 1104 W. Ontario St. Centerville, IA 52544		50	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Jay Brewer 20465 Old Hwy 2 Centerville, IA 52544		100	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1,455

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

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11/17/09	ID# CK#	Ronald Keller 611 N. 1st Centerville, IA 52544		\$ 25	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Jim McLeod 17448 Hwy 2 Centerville, IA 52544		15	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Linda Sullivan 20678 240th Ave Centerville, IA 52544		25	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Steven Siegel 411 N Court Ottumwa, IA 52501		50	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Mary Gaskill 509 E 4th St Ottumwa, IA 52501		25	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	J. Daniel White 1577 Hwy 522 Hamilton, IA 50123		20	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Dorothy Riley 103 E Franklin St. Centerville, IA 52544		20	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Larry H. Hon 116 East Jackson Centerville, IA 52544		50	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Susan McDanel 24010 - 470th St. Centerville, IA 52544		50	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Justine Heffron 20452 205th Ave Centerville, IA 52544		100	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 380

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

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11/17/09	ID# CK#	Marcella Thompson 23072 195 <sup>th</sup> St. Bloomfield, IA 52537		\$ 20	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Mike Carney 19769 205 <sup>th</sup> Ave Centerville, IA 52544		25	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Nancy Plowman 304 S. Madison St. Bloomfield, IA 52537		25	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Pat Perry Box 21 Drakesville, IA 52552		25	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Ben Dawson 610 N 8 <sup>th</sup> St. Centerville, IA 52544		20	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Cheryl Jones 29743 Hwy 63 (cash) Bloomfield, IA 52537		60	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Lynn Powell 23529 540 <sup>th</sup> St. Centerville, IA 52544		15	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Gary McConnell 23476 195 <sup>th</sup> St. Bloomfield, IA 52537		30	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Roland Reznick 818 S. 17 <sup>th</sup> St. Centerville, IA 52544		100	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Richard Allbee PO Box 436 Hampton, IA 50441		200	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 520

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/17/09	ID# CK#	Thomas Johnson 125 N. 13th Centerville, IA 52544		\$ 100	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Mary Peterson 2717 Eastridge Dr. Centerville, IA 52544		50	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	IANA PAC 303 Locust St. Des Moines, IA 50309		200	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Rollin Howell 12314 Parkside Drive Moravia, IA 52571		25	<input checked="" type="checkbox"/>
11/17/09	ID# CK#	Pass-the-hat		40	<input checked="" type="checkbox"/>
11/18/09	ID# CK#	Richard Garner 53 Woodshine Dr. Ottumwa, IA 52501		25	<input checked="" type="checkbox"/>
12/28/09	ID# CK#	C.P. Brunow 802 S. Main St. Centerville, IA 52544		15	<input checked="" type="checkbox"/>
12/31/09	ID# CK#	* Justice for All PAC 317 6th Ave Ste 900 Des Moines, IA 50309		250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 705

TOTAL (if last page of this schedule)

\$ 4,068.05

\* Received on 12/31/2009, but not deposited until after first of the year into my new campaign bank account.

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2/23/09	ID# CK#	Legis Info Office state Capitol Des Moines, IA	Stationary	\$ 50.00
2/23/09	ID# CK#	Lynch Realty 103 East Franklin St Bloomfield, IA 52537	Storage Unit to store signs for campaigns	276.80
2/23/09	ID# CK#	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	Contribution	5,300.00
2/23/09	ID# CK#	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	Contribution	100.00
2/23/09	ID# CK#	Treasurer - State of Iowa state Capitol Des Moines, IA	Flag	24.00
3/19/09	ID# CK#	Bloomfield Communications 207 S. Madison St. Bloomfield, IA 52537	Advertising forum	50.00
4/10/09	ID# CK#	Davis County Fair PO Box 23 Bloomfield, IA 52537	Advertising	25.00
	ID# CK#			
SUB-TOTAL				\$ 5,825.80
TOTAL (if last page of this schedule)				\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM



## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/3/09	ID# CK#	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	Contribution	\$1,000.00
8/23/09	ID# CK#	Kurt Swain 504 N. Davis Bloomfield, IA 52537	Reimbursement for food and beverage at fundraiser	40.00
9/2/09	ID# CK#	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	Contribution	500.00
12/28/09	ID# CK#	USPS 202 West Jefferson St. Bloomfield, IA	Postage	44.00
12/29/09	ID# CK#	Kurt Swain 504 N. Davis Bloomfield, IA 52537	Mileage for 2009 3,931.3 miles @ 55¢/mile	2,162.21
12/29/09	ID# CK#	Kurt Swain 504 N. Davis Bloomfield, IA 52537	Lodging for 2009	63.78
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3,809.99
TOTAL (if last page of this schedule)				\$

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE

**B**

(Rev. 07/03)

MONETARY  
EXPENDITURESCHECK THIS BOX IF  
AMENDING FORM

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

**COMMITTEE NAME** (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/24/09	ID# CK#	★ Bank Charges	overdraft fee	\$ 60.00
7/31/09	ID# CK#	★ Bank Charges	overdraft fee	15.00
10/2/09	ID# CK#	★ Bank Charges	overdraft fee	15.00
10/16/09	ID# CK#	★ Bank Charges	overdraft fee	15.00
11/20/09	ID# CK#	★ Bank Charges	overdraft fee	15.00
12/9/09	ID# CK#	★ Bank Charges	ordered new checks	17.30
12/15/09	ID# CK#	★ Bank Charges	overdraft fee	15.00
12/31/09	ID# CK#	★ Bank Charges	Overdraft fee	60.00

SUB-TOTAL

\$ 212.30

★ I was not alerted to any overdrafts to my campaign account until I received a call from the bank on January 5, 2010. Prior to that date, I was not informed of any overdraft charges to my campaign account.

TOTAL (if last page of this schedule)

\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/1/09- 12/31/09	ID# CK#	★ Kristie Rysdam (former treasurer) 13841 Bison Trail Drakesville, IA 52537	My former treasurer, Kristie Rysdam, was the only one who could sign checks on my campaign account. She wrote the following checks shown on Attachment A payable to herself and signed by herself without my knowledge or authorization.	\$ 9,840.96
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 9,840.96
TOTAL (if last page of this schedule)				\$ 19,689.05

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

Attachment A					
Checks signed by my former treasurer payable to herself without my knowledge and without my authorization.					
Last Name	First Name	Address	Amount	Date	Purpose Noted on Memo of check
Rysdom	Kristie	13842 Bison Trl, Drakesville, IA 52537	\$ 104.00	2/2/2009	Parade Candy*
Rysdom	Kristie	13841 Bison Trl, Drakesville, IA 52537	\$ 130.01	2/4/2009	Reimbursement
Rysdom	Kristie	13843 Bison Trl, Drakesville, IA 52537	\$ 126.00	2/10/2009	Postage
Rysdom	Kristie	13844 Bison Trl, Drakesville, IA 52537	\$ 187.00	2/21/2009	Mileage
Rysdom	Kristie	13845 Bison Trl, Drakesville, IA 52537	\$ 126.00	3/4/2009	Postage
Rysdom	Kristie	13847 Bison Trl, Drakesville, IA 52537	\$ 177.60	3/4/2009	Mileage
Rysdom	Kristie	13846 Bison Trl, Drakesville, IA 52537	\$ 104.00	3/9/2009	Parade Candy*
Rysdom	Kristie	13848 Bison Trl, Drakesville, IA 52537	\$ 84.00	3/9/2009	Postage
Rysdom	Kristie	13851 Bison Trl, Drakesville, IA 52537	\$ 67.39	3/19/2009	Office Supplies
Rysdom	Kristie	13849 Bison Trl, Drakesville, IA 52537	\$ 75.40	3/20/2009	Office Supplies
Rysdom	Kristie	13850 Bison Trl, Drakesville, IA 52537	\$ 84.00	3/21/2009	Postage
Rysdom	Kristie	13852 Bison Trl, Drakesville, IA 52537	\$ 187.02	3/27/2009	Mileage
Rysdom	Kristie	13854 Bison Trl, Drakesville, IA 52537	\$ 276.40	3/31/2009	Postage
Rysdom	Kristie	13855 Bison Trl, Drakesville, IA 52537	\$ 168.00	4/1/2009	Postage
Rysdom	Kristie	13857 Bison Trl, Drakesville, IA 52537	\$ 279.50	4/2/2009	Mileage
Rysdom	Kristie	13853 Bison Trl, Drakesville, IA 52537	\$ 84.00	4/3/2009	Postage
Rysdom	Kristie	13856 Bison Trl, Drakesville, IA 52537	\$ 168.00	4/3/2009	Postage
Rysdom	Kristie	13858 Bison Trl, Drakesville, IA 52537	\$ 186.00	4/14/2009	Parade Candy*
Rysdom	Kristie	13860 Bison Trl, Drakesville, IA 52537	\$ 234.55	4/15/2009	Mileage
Rysdom	Kristie	13862 Bison Trl, Drakesville, IA 52537	\$ 384.55	4/16/2009	Postage
Rysdom	Kristie	13861 Bison Trl, Drakesville, IA 52537	\$ 104.00	4/17/2009	Parade Candy*
Rysdom	Kristie	13863 Bison Trl, Drakesville, IA 52537	\$ 252.00	4/17/2009	Postage
Rysdom	Kristie	13865 Bison Trl, Drakesville, IA 52537	\$ 234.55	4/21/2009	Office Supplies
Rysdom	Kristie	13866 Bison Trl, Drakesville, IA 52537	\$ 186.00	4/24/2009	Postage
Rysdom	Kristie	13867 Bison Trl, Drakesville, IA 52537	\$ 126.00	5/1/2009	Postage
Rysdom	Kristie	13868 Bison Trl, Drakesville, IA 52537	\$ 187.01	5/1/2009	Mileage
Rysdom	Kristie	13870 Bison Trl, Drakesville, IA 52537	\$ 234.59	5/6/2009	Signs

Rysdom	Kristie	13869 Bison Trl, Drakesville, IA 52537	\$	186.00	5/8/2009	Postage
Rysdom	Kristie	13871 Bison Trl, Drakesville, IA 52537	\$	176.00	5/9/2009	Postage
Rysdom	Kristie	13872 Bison Trl, Drakesville, IA 52537	\$	187.01	5/15/2009	Mileage
Rysdom	Kristie	13874 Bison Trl, Drakesville, IA 52537	\$	384.75	5/15/2009	Postage
Rysdom	Kristie	13873 Bison Trl, Drakesville, IA 52537	\$	132.00	5/16/2009	Postage
Rysdom	Kristie	13875 Bison Trl, Drakesville, IA 52537	\$	176.00	5/22/2009	Postage
Rysdom	Kristie	13876 Bison Trl, Drakesville, IA 52537	\$	234.55	5/25/2009	Mileage
Rysdom	Kristie	13877 Bison Trl, Drakesville, IA 52537	\$	50.08	6/1/2009	Parade Candy*
Rysdom	Kristie	13880 Bison Trl, Drakesville, IA 52537	\$	132.00	6/2/2009	Postage
Rysdom	Kristie	13878 Bison Trl, Drakesville, IA 52537	\$	187.01	6/19/2009	Mileage
Rysdom	Kristie	13879 Bison Trl, Drakesville, IA 52537	\$	132.00	6/19/2009	Postage
Rysdom	Kristie	13881 Bison Trl, Drakesville, IA 52537	\$	50.08	6/22/2009	Parade Candy*
Rysdom	Kristie	13882 Bison Trl, Drakesville, IA 52537	\$	75.12	6/22/2009	Parade Candy*
Rysdom	Kristie	13883 Bison Trl, Drakesville, IA 52537	\$	75.12	7/9/2009	Parade Candy*
Rysdom	Kristie	13884 Bison Trl, Drakesville, IA 52537	\$	220.00	7/9/2009	Postage
Rysdom	Kristie	13885 Bison Trl, Drakesville, IA 52537	\$	187.01	7/17/2009	Mileage
Rysdom	Kristie	13886 Bison Trl, Drakesville, IA 52537	\$	100.16	7/17/2009	Parade Candy*
Rysdom	Kristie	13888 Bison Trl, Drakesville, IA 52537	\$	81.32	7/19/2009	Office Supplies
Rysdom	Kristie	13887 Bison Trl, Drakesville, IA 52537	\$	232.00	7/20/2009	Postage
Rysdom	Kristie	13889 Bison Trl, Drakesville, IA 52537	\$	176.00	7/23/2009	Reimbursement
Rysdom	Kristie	13890 Bison Trl, Drakesville, IA 52537	\$	88.00	7/27/2009	Postage
Rysdom	Kristie	13891 Bison Trl, Drakesville, IA 52537	\$	220.00	8/5/2009	Postage
Rysdom	Kristie	13892 Bison Trl, Drakesville, IA 52537	\$	220.00	8/17/2009	Postage
Rysdom	Kristie	13893 Bison Trl, Drakesville, IA 52537	\$	220.00	8/18/2009	Postage
Rysdom	Kristie	13894 Bison Trl, Drakesville, IA 52537	\$	51.26	8/20/2009	Office Supplies
Rysdom	Kristie	13895 Bison Trl, Drakesville, IA 52537	\$	220.00	8/23/2009	Postage
Rysdom	Kristie	13897 Bison Trl, Drakesville, IA 52537	\$	450.00	9/20/2009	Reimbursement
Rysdom	Kristie	13898 Bison Trl, Drakesville, IA 52537	\$	308.00	9/24/2009	Postage
Rysdom	Kristie	13896 Bison Trl, Drakesville, IA 52537	\$	500.00	9/25/2009	Office Supplies
Rysdom	Kristie	13899 Bison Trl, Drakesville, IA 52537	\$	403.21	10/10/2009	Postage
Rysdom	Kristie	13900 Bison Trl, Drakesville, IA 52537	\$	125.00	10/20/2009	Reimbursement
Rysdom	Kristie	13902 Bison Trl, Drakesville, IA 52537	\$	181.04	11/10/2009	Mileage
Rysdom	Kristie	13901 Bison Trl, Drakesville, IA 52537	\$	220.00	11/12/2009	Postage
Rysdom	Kristie	13906 Bison Trl, Drakesville, IA 52537	\$	412.12	11/19/2009	Postage



Rysdom	Kristie	13853 Bison Trl, Drakesville, IA 52537	\$	400.00	9/16/2009	
Rysdom	Kristie	13854 Bison Trl, Drakesville, IA 52537	\$	220.00	9/29/2009	
Rysdom	Kristie	13844 Bison Trl, Drakesville, IA 52537	\$	200.00	10/2/2009	
Rysdom	Kristie	13845 Bison Trl, Drakesville, IA 52537	\$	780.00	10/3/2009	
Rysdom	Kristie	13847 Bison Trl, Drakesville, IA 52537	\$	400.00	10/17/2009	
Rysdom	Kristie	13846 Bison Trl, Drakesville, IA 52537	\$	30.00	12/11/2009	
Rysdom	Kristie	13848 Bison Trl, Drakesville, IA 52537	\$	420.00	12/14/2009	
Rysdom	Kristie	13851 Bison Trl, Drakesville, IA 52537	\$	225.00	12/16/2009	
		<b>TOTAL</b>	<b>\$</b>	<b>5,855.00</b>		
When I was alerted by the bank on January 5, 2010, that there was a problem with my campaign account, I promptly notified the appropriate state and local authorities.						

Swain for House

## Reset Form

☐ CHECK THIS BOX  
IF AMENDING  
FORM

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
11/3/09	Carter Printing 1739 East Grand Ave Des Moines, IA 50316	printing of invitations	\$ 37.21
SUB-TOTAL			\$ 37.21
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 37.21

Page 1 of 1  
(for Schedule D)

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

Reset Form

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/11/09	John Steinbeck 22099 Lime Trail Bloomfield, IA 52537		Invitations for fundraiser	\$ 33.00	<input checked="" type="checkbox"/>
8/11/09	John Steinbeck 22099 Lime Trail Bloomfield, IA 52537		Placed Ad with Bloomfield Communications	26.40	<input type="checkbox"/>
8/20/09	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321		Postage and Invitations	50.00	<input checked="" type="checkbox"/>
11/17/09	Jim Carney 303 Locust St. - Suite 400 Des Moines, IA 50309		Food + beverage for fundraiser	348.48	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 457.88

TOTAL (if last  
page of this  
schedule) \$ 457.88

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)



RESET

SCHEDULE

**F**

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAYED

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain for House

☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,000.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ \_\_\_\_\_

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
2/23/09	Kurt Swain 504 N Davis Bloomfield, IA 52537	Candidate	\$ 1,000.00

TOTAL CASH REPAYMENTS (PART II) \$ 1000From Schedule E - TOTAL LOANS FORGIVEN \$ 1000TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1  
(for Schedule F)